COMMUNICABLE DISEASE NEWS

www.knowyo.org November 2016

STDs at unprecedented high in the U.S.

The Centers for Disease Control and Prevention (CDC) released the 2015 STD Surveillance Report in October. In the release, Dr. Gail Bolan, the Division of STD Prevention Director at the CDC, indicated more cases of chlamydia, gonorrhea, and syphilis combined were reported than ever before. Information to note from the 2015 STD Surveillance Report include:

- People aged 15 to 24 accounted for almost 2/3 of chlamydia cases and half of gonorrhea cases
- 90% of reported syphilis cases were in men with gay, bisexual, and other MSM accounting for a majority of these cases
- There was an increase in congenital syphilis cases. The increase mirrored the increase of primary and secondary cases among women

Dr. Bolan adds, "The public health threat posed by STDs is serious — the numbers in this report represent real people, real irreversible health problems, and a real price tag. Preventing STDs could mean healthier people and billions of dollars saved for the U.S. healthcare system, but in recent years more than half of state and local STD programs experienced budget cuts."

In order to address the rise in STDs, Dr. Bolan recommends a national response with engagement by many.

 Providers should make STD screening a standard part of medical care and integrate STD prevention and care, especially in pregnant women.

- People at risk for STDs should talk openly about STDs, get regular testing, and take methods to reduce their risk such as consistently using condoms or practicing mutual monogamy.
- Parents and providers can have open and honest dialogue with young people about STD prevention.
- State and local health departments should continue to direct resources to those most impacted by the STD epidemic and work with other community partners to maximize their impact.

In Wyoming, the number of chlamydia and gonorrhea cases increased from 2014 to 2015. The rate of gonorrhea infection was 1.5 times higher in 2015 than in 2014, while the rate of chlamydia infection increased by 3%. Counties with the highest rates of infection of these diseases include Fremont, Campbell, Laramie, Albany, Natrona, and Carbon.

To view the report: http://www.cdc.gov/std/ stats15/

STD Fact Sheets: http://www.cdc.gov/std/healthcomm/fact_sheets.htm

Other CDC STD prevention materials and information: http://www.cdc.gov/std/prevention/

Case Manager's Corner

It's that time of the year again! Open enrollment for federal marketplace insurance begins on November 1, 2016 and ends January 31, 2017. Here are a few key facts regarding market-place insurance for enrolled clients:

- 1. If a client does not have insurance coverage through Medicaid, Medicare, or their employer, they are eligible to sign up for a Marketplace plan. The program will assist with premium payments for eligible clients.
- 2. If a client currently has insurance through the marketplace, the open enrollment period is the time to make changes to the current plan (if needed). It is recommended they update their information (address, income, etc.) and choose their plan for 2017.
- 3. If a client misses the open enrollment period, they may have to wait until 2018 to enroll in a health insurance plan.
- 4. Clients currently enrolled in a plan will be receiving information from their insurance carrier regarding their 2017 premiums. The program must receive a copy of this notice before any premiums can be requested for 2017.
- 5. The program can only assist with medical health insurance premiums for eligible enrolled clients. Dental plans and family plans cannot be paid for by the program.
- 6. If a client chooses not to enroll in a marketplace plan, they will only be eligible for medications currently listed on the ADAP formulary. There is no assistance for other medications.

The Communicable Disease Treatment Program will be sending out additional information and resources over the next month. Please visit www.healthcare.gov for additional information or contact the program.

Ryan White CARE Fair

The Ryan White CARE Fair has been occurring off and on for the past 5 years; there have been many challenges and celebrations. In 2016, we took the RW CARE Fair into the Casper Natrona County Health Department and have had 3 very successful clinics this year. We will be meeting soon to plan for 2017. Care Fair was created to make a one-stop shop for as many services for HIV-positive individuals enrolled in Ryan White as we are able to partner with. Currently we have a mental health provider, pharmacist, dental provider, Rocky Mountain Infectious Diseases provider and nurse, clinic nurses to do STD exams and im-

munizations, and representatives from the Communicable Disease Treatment Program at the Wyoming Department of Health to answer questions. The clients have reported they love to come in and access all providers at once and are now requesting to come on their routine visits. All clients are welcome to come and get holistic care in one place. We have many goals and objectives we would like to reach and have plans to continue growing and meeting the needs of the clients. If you would like to observe a clinic or receive more information- please contact Anna Kinder at 307-577-9766.

STD Screening Project for HIV Services Clients

There are still a few months left! The Special STD Screening Project will remain open until December 31, 2016. The Communicable Disease Treatment Program is encouraging all HIV case managers to continue to offer the incentivized screening to all enrolled clients between the ages of 15-64. If your client has previously declined the testing, please offer it again. The program will continue to provide the incentives for all screening completed by December 31, 2016. Just a few things to remember when offering the screening:

- If a patient reports a current or previous hepatitis B infection, even without being able to provide documentation, there is no need to test. Please attempt to get diagnosis records if possible and submit with the completed risk assessment. If records are unavailable, please ask client for approximate diagnosis date. A self-reported positive will satisfy requirements to receive the incentive for hepatitis B.
- 2. Client self-report of Hepatitis B vaccination will <u>not</u> be accepted. Please encourage vaccination (preferred) or testing if client has no previous infection or no verifiable record of vaccination. Please reference the WylR for vaccination status.
- 3. If a patient reports a current or treated hepatitis C infection, even without being able to provide documentation, there is no need to test. Please attempt to get diagnosis records if possible and submit with the completed risk assessment. If records are unavailable, please ask client for approximate diagnosis date. A self-reported positive or treated infection will satisfy requirements to receive the incentive for hepatitis C.
- 4. HRSA recommends that all clients enrolled in care are screened for syphilis at least once (regardless of risk) and more frequently with sexual risks. If a client reports having a previous treated infection and no sexual risks, testing is not indicated. A self-reported previous syphilis infection with no new sexual risks can be used instead of testing to satisfy the incentive requirement. Please make every effort to get historical laboratory information, particularly the RPR titer. A client on which there is no documentation of test and who reports never having a syphilis test or unsure if they've had a syphilis test should be screened regardless of risk

If you have any questions about the screening project, please contact Molly Adami at 307.777.8939 or Toni Reeves at 307.777.5800.

Monthly Series: How to Be an Ally to the LGBTQ+ Community

What is an ally?

Someone who is supportive of the LGBTQ+ community and advocates for equality and acceptance of all people. Anyone can be an ally, regardless of the sexual orientation or gender identity.

Why are allies important?

LGBTQ+ youth experience widespread harassment, bullying, and discrimination. Lesbian, gay, and bisexual teens are four times more likely to attempt suicide as their straight peers.

+Information taken from Department of Health and Human Services

Join the Communicable Disease Community Planning Group!

Get Involved!! If you are interested in the care and prevention needs of persons living with, or at increased risk for HIV/AIDS, Hepatitis, and STDs in Wyoming, please submit an Application for Membership today! The Wyoming Care and Prevention Alliance (CAPPA) meets once per quarter, in various locations around Wyoming. Meetings are typically one and a half days. All expenses associated with attendance at CAPPA meetings are reimbursed to members and applicants by the Wyoming Department of Health. Others are welcome to attend as all of our meetings are open to the public. CAPPA is always looking for members who possess technical expertise in various issues concerning HIV/AIDS, Hepatitis, and STDs as well as representatives of populations living with, or at increased risk for, HIV/AIDS, Hepatitis and STDs.

The HIV/AIDS/Hepatitis/STD Community planning process in Wyoming is supported through cooperative agreements with the United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), and the Wyoming Department of Health. The core objectives of community planning are:

- Bring together a diverse group of individuals concerned about HIV, Hepatitis, and STDs in the state of Wyoming
- Include members on CAPPA who are representative of various populations living with or at increased risk for HIV/AIDS, Hepatitis, and STDs
- Develop a Comprehensive Plan detailing Wyoming's approaches to the care and prevention of HIV/AIDS and Hepatitis
- Evaluate strengths, weaknesses, barriers, and gaps in prevention and care service delivery in Wyoming
- Prioritize prevention interventions based on need, effectiveness, cost, theory, and community norms and values.
- Advocate for consistent access to care and treatment across Wyoming.

Applications for membership are accepted throughout the year. Please visit https://
health.wyo.gov/publichealth/communicable-disease-unit/hivaids/hiv-services-program/ and complete an application today!

2017 CAPPA meeting dates:

February 27, 2017 - Call May 6-7, 2017 - Cody August 4-6, 2017 - Cheyenne, Data Meeting October 21-22, 2017 - Casper

Upcoming Events/Important Dates:

November 15-17—HIV Navigation Services Training, Cheyenne

December 31—All healthcare facilities must submit completed Facility TB Risk Assessment

Molly Adami	Field Epidemiologist	Molly.adami@wyo.gov	307-777-8939
Debi Anderson	Communicable Disease Unit Manager	Debi.anderson@wyo.gov	307-777-7529
Samantha Birch	Field Epidemiologist	Samantha.birch@wyo.gov	307-777-6563
Jennifer Casteel	Communicable Disease Office Support	Jennifer.casteel@wyo.gov	307-777-7585
Brianne Dunivent- Cronk	Communicable Disease Unit Specialist	Brianne.dunivent- cronk@wyo.gov	307-777-8005
Corrie Graham	Field Epidemiologist	Corrie.graham1@wyo.gov	307-777-7719
Shelley Hood	Communicable Disease Treatment Program Manager	Shelley.hood1@wyo.gov	307-777-5856
Vacant	Communicable Disease Data and Training Coordinator	prism@wyo.gov	307-777-7953
Toni Reeves	Communicable Disease Benefits Coordinator	Toni.reeves@wyo.gov	307-777-5800
Courtney Smith	Communicable Disease Surveillance Program Manager	Courtney.smith@wyo.gov	307-777-2434
Brittany Wardle	Communicable Disease Prevention Program Manager	Brittany.wardle@wyo.gov	307-777-3562